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SECRETARY OF STATE
TALL AHASSEE, FL

COVER LETTER

TO:

Registration Section
Division of Corporations

	ARRO SERVICES LLC			
SUBJECT:	· Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FLOR MARIA HERNAN	IDEZ BERTRAND		
		Name of Person		
	J&V NAVARRO SERVI	CES LLC		
		Firm/Company		
	1515 N FEDERAL HWY	APT 1		
		Address		
	LAKE WORTH FL 3346	0		~3
		City/State and Zip Code	77.0338	1022
	PRINCESS.07FLORES@0	GMAIL.COM		2022 OCT 1 I
	E-mail address:	(to be used for future annual report noti	fication)	its
For further information c	oncerning this matter, please o	eall:	ASSET	200
IVELISSE GONZALEZ		954 3197659 at ()	U.S. 工艺	PH 3: -
Name o	f Person	Area Code Daytim	e Telephone Number	ယ
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&V NAVARRФ SERVICES LL	C			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Florida document number L22000358291	Liability Company	were filed on 08/15/	/2022	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desig	mation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appl	icable·			2
Principal office address MUST BE A STRE		N/A	<u> </u>	522
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Enter new mailing address, if applicable:		1N/A	ന്ന	
Mailing address MAY BE A POST OFFICE	E BOX)			- :-
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3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:		address on our reco	rds, <u>enter the name</u>	of the new regist
New Registered Office Address:	N/A			
remixegistered office Address.		Enter Florida	street address	-
	N/A		, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as register	red waent and war	ree to act in this can	acity I further agre	e to comply with
provisions of all statutes relative to the pro	_	_		

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FLOR.HERNADEZ M	1515 N FEDERAL HWY APT 1	□Add
		LAKE WORTH FL 33460	■Remove
			Change
MGR	FLOR MARIA, HERNANDEZ B	1515 N FEDERAL HWY APT 1	
		LAKE WORTH FL 33460	□Remove
			□Change
			□Add
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			□Change

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ective date, if other than the date of filing:	(optional) days after filing) Pursuant to 605 020
e: If the date inserted in this block does not meet the applicable statutory filing requiren ument's effective date on the Department of State's records.	nents, this date will not be listed as
difference of State 8 records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	icr of: (b) The 90th day after the
filed.	(e, 1107),
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